

#### WEB FORM COPY

# STATE OF ARIZONA CORPORATION COMMISSION CORPORATION ANNUAL REPORT & CERTIFICATE OF DISCLOSURE





**DUE ON OR BEFORE** 

10/12/2007

FY07-08

FILING FEE

\$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM. Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions on page 4 for proper format.

1. -0043084-8 LIONS CLUB OF SALOME PO BOX 597 CENTER & HALL STREETS SALOME, AZ 85348

RECEIVED

SEP 2 8 2007

Business Phone:

(Business phone is optional.)

State of Domicile: ARIZONA

Type of Corporation: NON-PROFIT

ARIZONA CORP. COMMISSION
CORPORATIONS DIVISION

2. Statutory Agent: STEVEN LEVINGS 5 6 Mailing Address: 66884 CAPRI LANE City, State, Zip: SALOME, AZ 85348

Physical Address, If Different.

Physical Address: City, State, Zip:

ACC USE ONLY
Fee \$
Penalty \$
Reinstate \$
Expedite \$
Resubmit \$

Use this box only if appointing a new Statutory Agent	( ,,.
If appointing a <u>new</u> statutory agent, the new agent MUST consent to that appointment by signing below.	
I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory of do hereby consent to this appointment until my removal or resignation pursuant to law.	⊒ lgent,
Signature of new Statutory Agent	
Linda Darland	
Printed Name of new Statutory Agent	

Secondary Address:

(Foreign Corporations are <u>REQUIRED</u> to complete this section).

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS COR	PORATIONS	NON-PROFIT CORPORATIONS
1. Accounting	20. Manufacturing	1. X Charitable
2. Advertising	21. Mining	2. Benevolent
3. Aerospace	22. News Media	3. Educational
4. Agriculture	23. Pharmaceutical	4 Civic
5. Architecture	24. Publishing/Printing	5. Political
6. Banking/Finance	25. Ranching/Livestock	6 Religious
7. Barbers/Cosmetology	26, Real Estate	7. Social
8. Construction	27. Restaurent/Ber	8 Literary
9. Contractor	28. Retail Sales	9 Culturai
10. Credit/Collection	29. Science/Research	10 Athletic
11. Education	30. Sports/Sporting Events	11. Science/Research
12. Engineering	31. Technology(Computers)	12 Hospital/Health Care
13. Entertalnment	32. Technology(General)	13 Agricultural
14. General Consulting	33. Television/Radio	14 Arimal Husbandry
15. Health Cere	34. Tourism/Convention Services	<ol> <li>Homeowner's Association</li> </ol>
16. Hotel/Motel	35. Transportation	<ol><li>16 Professional, commercial</li></ol>
17. import/Export	36. Utilities	industrial or trade association
18. Insurance	37. Veterinary Medicine/Animal Care	17 Other
19 Lenal Seniose	38 Other	

NO FILING FEE REQUIRED

## GRED CORPORATION STATEMENT OF CHANGE OF KNOWN PLACE OF BUSINESS OR STATUTORY AGENT

Pursuant to A.R.S. §§10-502, 10-1508, 10-11508 & 10-3502

NOTE: It is critical that the Corporation Commission receive information about the existing (old) official address and/or agent data as well as the new address or agent data. Please check with our Customer Phone Bank, (602) 542-3026 or our web site, <a href="www.azcc.gov/corp">www.azcc.gov/corp</a> to obtain the correct information.

1.	The exa	ct name of the corporation on file with the Arizona Corporat	ion Commission (ACC) is:
		LIONS CLUB OF SALOME	Van
2.	The ACC	C file number is	orig #5
3.	The know	wn place of business currently on file with the ACC is:	RECEIVED
		P. 0. Box 597	SEP 2 8 2007
		Hall & Center Streets	ARIZONA CORP. COMMISSIO
		Salome, AZ 85348	CORPORATIONS DIVISION
4.	The nam	e and street address of the current statutory agent on file w	ith the ACC is:
		STEVEN LEVINGS	_
		66884 Capri Lane	-
		Salome, AZ 85348	_
	<b>□</b> (B)	Foreign corporations only: The known place of business in the State or Country in whincorporated is to be changed. The new foreign address in the state of the st	•
		Indicate which address the Annual Report should be maile	ed to:
		5(A)5(B)	
6.	□(A)	The address of the statutory agent is to be changed.* (If the box or personal mail box (PMB) then he/she must also provide	e statutory agent has a P.O. a physical location/address).
		If only changing the statutory agent's address, the statutory agmust sign this statement. * By signing this document, the statuthe/she has given the corporation written notice of this change.	

AR: 0009 Rev: 10/2006 Page 1 of 2 Arizona Corporation Commission Corporations Division

Corporation	Name: LIONS CLUB OF SAL	OME File Number: _0043084_8		
<b>⅓</b> (B)	the new statutory agent is:  LINDA DARLAND  64983 1st Avenue  P. O. Box 161			
The u	Acceptance of By Statute  **(required only if a new statu- ndersigned hereby acknowledges are above-named corporation effective	ner appointment as the new statutory agent.  of Appointment ory Agent** utory agent is being appointed)  and accepts the appointment as statutory agent this18t day ofSeptember,2007		
	Printed Name: Linda	Darland Title:		
	If signing on behalf of a company, please print the company name here.			
Statutory agent must sign only if changing his/her address (Item 6(A)).		Changes to corporation(s) other than changes to a statutory agent's address, must be executed by an officer of the corporation.		
Dated this	day of,	Dated this day of,,		
Signature:		Signature:		
Printed Name:		Printed Name:		
The second of th		Title:		
If signing on behalf	of a company, please print the company name here.	RECEIVED		

SEP 2 8 2007

ARIZONA CORP. COMMISSION CORPORATIONS DIVISION

in

-0043084-8 LIONS CLUB OF	SALOME	Page 2
5. CAPITALIZATION: (Business Co	rporations and Business Trust	s are <u>REQUIRED</u> to complete this section.)
Business trusts must indicate the nu the trust estate. PLEASE PRINT (		ites held by trustees evidencing their beneficial interest in
5a. Please examine the corporat	ion's original Articles of Inco	rporation for the amount of shares authorized.
Number of Shares/Certificates Author	orized Class	Series Within Class (if any)
N/A	<u> </u>	
<b>5b.</b> Review all corporation amer corporation's minutes for the		e original number of shares has changed. Examine the
Number of Shares/Certificates Issue	d Class	Series Within Class (if any)
N/A		
		sts are <u>REQUIRED</u> to complete this section.) s issued by the corporation, or having more than a 20%
beneficial interest in the corporation.		
		Name:
None X		Name:
·		
7. OFFICERS PLEASE PRINT OF Name: Linda Darland		Name:
Title: <u>President</u>		Title:
Address: P.O.Box 161		Address:
Salome, AZ 853	48	
Date taking office: 7-1-07		Date taking office:
Name: Evonne O'Brien		Name:
Title: Vice President		Title:
Address: P.O.Box 1352		Address:
Salome, AZ 853		
Date taking office: $7-1-07$	<u> </u>	Date taking office:
	OR TYPE CLEARLY. YO	OU MUST LIST AT LEAST ONE.
		Name:
Address: P.O.Box 784	With the Participant	Address:
Salome, AZ 853	348	
Date taking office: 7-1-07	1	Date taking office:

Name: \_\_

Address:

Date taking office:

Name: Robin Martin

Date taking office: 7-1-07

Salome, AZ 85348

Address: P.O.Box 1342

### SALOME LIONS CLUB REPORT FROM JULY 1, 2006 TO JUNE 30, 2007 ADMINISTRATIVE ACCOUNT

BEGINNING BALANCE	\$ 761.97
INCOME:	
Donations Membership Dues Insurance Claim	\$1,553.09 1,200.00 2,178.18
TOTAL	\$4,931.27
EXPENSES:	
AZ Corp Commission Building Repairs Dues Exterminating Property Taxes Refunds	\$ 10.00 2,878.68 1,431.74 165.00 236.68 50.00
TOTAL	\$4,772.10
ENDING BALANCE	\$ 921.14

### SALOME LIONS CLUB REPORT FROM JULY 1, 2006 TO JUNE 30, 2007 ACTIVITIES ACCOUNT

BEGINNING BALANCE	\$ 8,148.38		
INCOME:			
Donations	\$12,945.29		
Refunds	540.00		
Food Baskets	100.00		
TOTAL	\$13,585.29		
EXPENSES:			
Assistance	\$ 1,475.82		
Chili Cook Off	394.49		
Dick Wick Hall	1,710.39		
Donations	575.25		
Fiddlers Jams	1,275.46		
Food Baskets	160.20		
Glasses	300.00		
Insurance	2,322.60		
Membership	37.75		
Officer Training	369.00		
Permits	25.00		
Repairs	308.00		
Sponsorship	567.00		
Stamps	54.60		
Supplies	1,117.10		
Trophies	249.70		
Utilities	2,510.41		
Workers Lunch	377.38		
TOTAL	\$13,830.15		
ENDING BALANCE	\$ 7,903.52		

Please Enter Corporation Name: LIONS CLUB OF SALOME	File number	-0043084-8	_ Page 3
<ol> <li>FINANCIAL DISCLOSURE (A.R.S. §10-11622.A.9)</li> <li>Nonprofit corporations must attach a financial statement (e.g. income/expense statement, balanderms of corporations are exempt from filing a financial disclosure.</li> </ol>	ce sheet includin	g assets, liabilities	). All other
9A. <u>MEMBERS</u> (A.R.S. § 10-11622.A.6)			
Only Nonprofit Corporations must answer this question. This corporation DOES	3 DOES N	OT 🗖 have me	embers.
46 CEDTICIOATE DE DICOLOCUDE (A D.C. 2548 4692 A C. 4 4692 A 7)			
<ol> <li>CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 &amp; 10-11622.A.7)</li> <li>Has ANY person serving either by election or appointment as an officer, director, trustee, incorpor.</li> </ol>	ator and/or perso	on controlling or ho	lding more
than 10% of the issued and outstanding common shares or 10% of any other proprietary, benefit been: [Underlined portion pertains to business corporations only]	cial or members	hip interest in the c	crporation
1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in an	ny state or federa	l jurisdiction withir	the seven
year period immediately preceding the execution of this certificate?  Convicted of a felony, the essential elements of which consisted of fraud, misrepresentatio or monopoly in any state or federal jurisdiction within the seven year period immediately;			
<ol> <li>Or are subject to an injunction, judgment, decree or permanent order of any state or feder immediately preceding execution of this certificate where such injunction, judgment, decreed (a) fraud or registration provisions of the securities laws of that jurisdiction, or</li> </ol>			
<ul><li>(b) the consumer fraud laws of that jurisdiction, or</li><li>(c) the antitrust or restraint of trade laws of that jurisdiction?</li></ul>			
One box must be	oe marked:	YES D NO	วฮ
If "YES", the following information must be submitted as an attachment to this repo			_
of the actions stated in Items 1, through 3, above,	•	-	
1. Full name and prior names used. 5. Date and location of birt			
<ol> <li>Full birth name.</li> <li>Social Security Number</li> <li>Present home address.</li> <li>The nature and description</li> </ol>		ction or judicial ac	tion:
4. Prior addresses (for immediate the date and location; the	e court and publi		
preceding 7 year period). the file or cause number	r of the case.		
11. STATEMENT OF BANKRUPTCY, RECEIVERSHIP or CHARTER REVOCATION	(A.R.S. §§10-	202.D.2, 10-3202	2.D.2, 10-
1623 & 10-11623)  A) Has the corporation filed a petition for bankruptcy or appointed a receiver?  One box mus	t he marked:	YES I NO	G
B) Has any person serving as an officer, director, trustee or incorporator of the corporation serve			
over 20% of the issued and outstanding common shares, or 20% of any other proprietary, be corporation which has been placed in bankruptcy, receivership or had its charter revoked, or admit or lurisdiction?	eneficial or mem	bership interest in	any other
[Underlined portion pertains to business corporations only]  One box mus	t be marked:	YES I NO	K
If "YES" to A and/or B, the following information must be submitted as an attachment to	o this report for a	each person subje	ct to the
statement above.  1. The names and addresses of each corporation and the person or persons involve	ed. (e.g. officer,	director, trustee of	or major
stockholder)  2. The state in which each corporation was a) incorporated b) transacted business.	. •		·
<ol> <li>The state in which each corporation was a) incorporated b) transacted business.</li> <li>The dates of corporate operation.</li> </ol>			
4. If any involved person (listed in #1) has been involved in any other bankruptcy proc	eeding within the	e past year, the na	ame and
address of each corporation.  5. Date, Case number and Court where the bankruptcy was filed or receiver appointed.			
6. Name and address of court appointed receiver.			
12. SIGNATURES: Annual Reports must be signed and dated by at least one duly auti			
I declare, under penalty of law that all corporate income tax returns required by Title 43 of the Arizona Revised Statutes have been filed with the Arizona Department of Revenue. I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.			
Name Linda Darland Date 9-18-0 Name Janet Roach		Date9/17/0	<b>)</b> 7
	L RAA	al	<del></del>
Signature 7 mda Walland Signature 1011	v jvoo		<del>-</del>
Title President Title Tréasures  (Signator(s) must be duly authorized corporate officer(s) listed in sec		eport )	<del></del>
laiding in the man and antitation pathologo attach to ter it ser		- <b></b> ,	